

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019289

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 179

FILED JUN 11 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1 0147			
2 0147			
3			
4 3			
5 3			
6			
7 0			
8 2			
9 4200			
10			
11			
12 90-2			
13 1-0			
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CALLAWAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON		c. CITY OR TOWN FULTON	
Length of stay in 1b 4 years.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 837 GREEN		d. STREET ADDRESS (If outside, give location) 837 GREEN STREET	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last MRS. BERTIE C. RAYMOND		4. DATE OF DEATH Month Day Year JUNE 3 1963	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3 Sept 97
9. AGE (last birthday) 65		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10b. KIND OF BUSINESS OR INDUSTRY COOK	
11. BIRTHPLACE (City and state or country) Callaway County, Mo		12. CITIZEN OF WHAT COUNTRY Missouri	
13a. FATHER'S NAME Noah Martin Baker		13b. MOTHER'S MAIDEN NAME Lydia Perkin	
14. NAME OF HUSBAND Arthur E. Raymond			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. Mr. Herbert Baker, Fulton, Missouri	
17. INFORMANT Mr. Herbert Baker, Fulton, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrhythmia Acute Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 1 hour 1 year			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION May 15, 1960		COUNTY STATE JUNE 3, 1963	
21. I attended the deceased from June 1, 1963 and last saw her alive on June 1, 1963 Death occurred at JUNE 3 / 1963 / 11:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William B. Jones (Degree title)		22b. ADDRESS 500 Lafayette Jefferson City, Missouri	
22c. DATE SIGNED 6/5/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JUNE 63	
23c. NAME OF CEMETERY WHITE CLOUD CEMETERY		23d. LOCATION (City, town, or county) (State) CALLAWAY COUNTY, MISSOURI	
24. FUNERAL DIRECTOR James H. Green		25. DATE RECD. BY LOCAL REG. June 7th, 1963	
26. REGISTRAR'S SIGNATURE Martha Lawrence			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Georg H. Green*
Licensed Embalmer No. 4270

P. O. Address *Antonia Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

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